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**DECLARATION FOR UTILITY OR  
DESIGN PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing

OR

☒ Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)

Attorney Docket Number	3010-1091
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First Named Inventor	CLARK, Tamisha
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**COMPLETE IF KNOWN**

Application Number	Unknown
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<b>Filing Date</b>	<b>February 20, 2004</b>
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Art Unit	Unknown
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Examiner Name	Unknown
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**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

# MEDICAL DEVICE WITH ADHERENT COATING, AND METHOD FOR PREPARING SAME

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

<input type="checkbox"/> was filed on (MM/DD/YYYY)			as United States Application Number or PCT International
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Application Number	and was amended on (MM/DD/YYYY)	(if applicable).
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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

**I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.**

<b>Application Number(s)</b>	<b>Filing Date (MM/DD/YYYY)</b>	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/448,778	02/20/2003	

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

30565

Place Customer Number  
Bar Code Label Here

OR

☐ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number Bar Code Label ☐ OR ☒ Correspondence address below

Name	Kenneth A. Gandy				
Address	Woodard, Emhardt, Moriarty, McNett & Henry LLP				
Address	111 Monument Circle, Suite 3700				
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])				Family Name or Surname			
Tamisha				Clark			
Inventor's Signature						Date	
Residence	City	Pfafftown	State	NC	Country	US	Citizenship
Post Office Address							
Post Office Address	1509 Turfwood Drive						
City	Pfafftown	State	NC	ZIP	27040	Country	USA

☒ Additional inventors are being named on the one supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle (if any))					Family Name or Surname				
Barry H.					Chilton				
Inventor's Signature							Date		
Residence	City	Mt. Airy	State	NC	Country	US	Citizenship	USA	
Post Office Address	345 Epperson Church Road								
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City	Mt. Airy	State	NC	ZIP	27030	Country	USA		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle (if any))					Family Name or Surname				
Inventor's Signature							Date		
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
City		State		ZIP		Country			
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle (if any))					Family Name or Surname				
Inventor's Signature							Date		
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
City		State		ZIP		Country			